

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:37

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : OSAS-021 Office of Applied Studie
Start Date : 01-JAN-90
End Date :
Follow-up :

Michigan's Treatment Episode Data Set
Version : 1

K = Key Field

		System			<u>Michigan</u>
Item		Item	Value	State System Data	
No.	Treatment Episode Data Set				
1	System Transaction Type	-	System Transaction Type Added to Each Record		
K 2	State Code	MI	FIPS Code Added to Each Record		
3	Reporting Date	-	Month and Year of Submission Added to Each Record		

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Michigan's Treatment Episode Data Set
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K = Key Field Item		Minimum	<u>Michigan</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	-	Provider ID	
K 2	Client Identifier (Admission)	01	Client ID	
K 3	Co-Dependent/Collateral	-	Admission Type	
	1 Yes		1	First Admission
K 4	Client Transaction Type	-	Admission Type	
	A Initial Admission		1	First Admission
K 5	Date of Admission	4	Admission Date	
6	Number of Prior Treatment Episodes	07	Previous Substance Abuse Admissions	
	7 Unknown		-	Blank
	0 0		0	0
	1 1		1	1
	2 2		2	2
	3 3		3	3
	4 4		4	4
	5 Or More		5	5

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

7	Principal Source of Referral	08	Source of Referral
97	Unknown	-	Blank
02	Alcohol/Drug Abuse Provider	01	Outpatient
02	Alcohol/Drug Abuse Provider	05	Resid:Detox/ASP
02	Alcohol/Drug Abuse Provider	06	Residential
02	Alcohol/Drug Abuse Provider	09	Intensive Outpatient
02	Alcohol/Drug Abuse Provider	10	Hosp:Acute Care
02	Alcohol/Drug Abuse Provider	11	Hosp:Rehab
02	Alcohol/Drug Abuse Provider	12	Hosp:Sub-Acute Detox
02	Alcohol/Drug Abuse Provider	13	Central Assmnt
02	Alcohol/Drug Abuse Provider	14	Other SARF
02	Alcohol/Drug Abuse Provider	16	Drunk Driving Assmnt
02	Alcohol/Drug Abuse Provider	17	AHSE
02	Alcohol/Drug Abuse Provider	18	Prevention
02	Alcohol/Drug Abuse Provider	19	Student Assistance Program
02	Alcohol/Drug Abuse Provider	29	Other
01	Individual (includes self-referral))	30	Self
07	Court/Criminal Justice/DUI/DWI	31	Court-Driving
07	Court/Criminal Justice/DUI/DWI	32	Court-Other
07	Court/Criminal Justice/DUI/DWI	33	Other Crim Justice
07	Court/Criminal Justice/DUI/DWI	34	Police
07	Court/Criminal Justice/DUI/DWI	35	Secretary of State
06	Other Community Referral	36	Lawyer
03	Other Health Care Provider	37	Mental Health
06	Other Community Referral	38	Dept of SS
01	Individual (includes self-referral))	39	Family/Friend
06	Other Community Referral	40	Other Human Ser
05	Employer/EAP	41	Employer
06	Other Community Referral	42	Union
06	Other Community Referral	43	Clergy
04	School (Educational)	44	School
03	Other Health Care Provider	45	Physician
03	Other Health Care Provider	46	Hospital
01	Individual (includes self-referral))	47	Sub Abuse Client

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	08	Source of Referral	
06	Other Community Referral	48	Alcoholics Anon	
07	Court/Criminal Justice/DUI/DWI	49	Corrections	
8	Date of Birth	10	Date of Birth	
9	Sex	11	Sex	
7	Unknown	-	Blank	
1	Male	1	Male	
2	Female	2	Female	
10	Race	12	Race	
97	Unknown	-	Blank	
05	White	1	White	
04	Black or African American	2	Black	
02	American Indian (Other than Alaskan Native)	4	Native American	
13	Asian	5	Asian	
20	Other	6	Other	
01	Alaska Native (Aleut, Eskimo, Indian)	7	Alaskan Native	
03	Asian or Pacific Islander			
23	Native Hawaiians or Other Pacific Islanders			

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
11	Ethnicity	13	Ethnic Background	
97	Unknown	-	Blank	
05	Not of Hispanic Origin	0	Not One of the Listed Groups	
01	Puerto Rican	1	Puerto Rican	
02	Mexican	2	Mexican	
03	Cuban	3	Cuban	
04	Other Specific Hispanic	4	Other Hispanic	
05	Not of Hispanic Origin	5	Arab/Chaldean	
12	Education	16	Education	
97	Unknown	-	Blank	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	00-25	00-25	
00	Less Than One Grade Completed	00-25	00-25	
13	Employment Status	17	Current Employment Status	
97	Unknown	-	Blank	
01	Full Time	1	Employed Full Time	
02	Part Time	2	Employed Part Time	
03	Unemployed	3	Unemployed	
04	Not in Labor Force	4	Homemaker	
04	Not in Labor Force	5	Student	
04	Not in Labor Force	6	Retired	
04	Not in Labor Force	7	Other	

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	-	Primary Substance, Primary, Secondary, Tertiary
97	Unknown	-	Blank
01	None	00	None
02	Alcohol	10	Alcohol
05	Heroin	20	Heroin
06	Non-Prescription Methadone	21	Methadone
07	Other Opiates and Synthetics	22	Other Opiates/Synthetics
15	Barbiturates	30	Barbiturates
16	Other Sedatives or Hypnotics	31	Other Sedatives or Hypnotics
14	Other Tranquilizers	32	Tranquilizers
13	Benzodiazepine	33	Benzodiazepines
03	Cocaine, Crack	41	Cocaine
03	Cocaine, Crack	42	Crack Cocaine
10	Methamphetamine	43	Methamphetamines
11	Other Amphetamines	44	Amphetamine
12	Other Stimulants	45	Other Stimulants
09	Other Hallucinogens	50	Hallucinogens
08	PCP	51	PCP
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	52	Marijuana
17	Inhalants	60	Inhalants
20	Other	61	Antidepressants
18	Over-the-Counter	70	Over the Counter
07	Other Opiates and Synthetics	81	T's & Blues
20	Other	91	Other

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	-	Usual Route of Administration
97	Unknown	-	Blank
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	5	Other
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-	Number of Days Used in Last 30
97	Unknown	-	Blank
01	No past month use	00	No Days
02	1-3 times in past month	01	One Day
02	1-3 times in past month	02	Two Days
02	1-3 times in past month	03	Three Days
03	1-2 times per week	04-10	Four-Ten Days
04	3-6 times per week	11-27	Eleven-Twenty Seven Days
05	Daily	28-31	Twenty Eight-Thirty One Days
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-	Age of First Use
97	Unknown	-	Blank
00-95	Indicates The Age at First Use	00-96	00-96

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
K 18	Type of Services	03	Service Category
07	Non-Intensive Outpatient	11	Outpatient:Drug Free 14
08	Ambulatory Detoxification	12	Outpatient:Methadone Detox
07	Non-Intensive Outpatient	13	Outpatient:Methadone
07	Non-Intensive Outpatient	14	Outpatient:Other Medications
02	Free-standing Residential (Detox, 24 hour Service)	21	Resid:Detox/ASAP
04	Short-term, (30 days or fewer)	22	Residential:Intensive
05	Long-term, (more than 30 days)	24	Residential:Therapeutic
05	Long-term, (more than 30 days)	25	Residential:Recovery
06	Intensive Outpatient	31	Intensive OP
01	Hospital Inpatient (Detox, 24 hour Service)	41	Hospital:Acute Care
03	Hospital (other than detox)	42	Hospital:Interm
01	Hospital Inpatient (Detox, 24 hour Service)	43	Hospital:Subacute Detox

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	33	Opiod Treatment Program
1	Yes	1	Methadone
2	No	2	No
7	Unknown	3	BuprenorphineNalaxone

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	28	Methadone Part of Treatment
7	Unknown	-	Blank
1	Yes	1	Yes
2	No	2	No

No longer effective as of: 09-30-2003

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
	9998 Not Collected		9998 9998	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	29	Diagnostic Code	
	###. DSM III-R Category		###.# ###.##	
	##		#	
	999. Unknown		- Blank	
	97			
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	32	Other Factors	
	2 No		- All Other Responses	
	7 Unknown		- Blank	
	1 Yes		9 Mental Illness	
6	Pregnant at Time of Admission	31	Pregnant at Admission	
	1 Yes		1 Yes	
	2 No		2 No	
7	Veteran Status	15	Military Service	
	7 Unknown		- Blank	
	2 No		0 No	
	1 Yes		1 Yes	

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	26	Living Arrangements	
97	Unknown	-	Blank	
03	Independent Living	1	Independent	
02	Dependent Living	2	Dependent	
01	Homeless	3	Homeless	
9	Source of Income/Support	-	Not Collected	
98	Not Collected	98	98	
10	Health Insurance	-	Health Insurance	
97	Unknown	-	Blank	
21	None	00	None	
02	Blue Cross/Blue Shield	20	Blue Cross/Blue Shield	
01	Private Insurance (other than BCBS or HMO)	30	Commercial Carrier	
01	Private Insurance (other than BCBS or HMO)	50	Self Insured Program/Fund	
03	Medicare	60	Medicare - Old Age	
03	Medicare	61	Medicare - Disability	
04	Medicaid	62	Medicaid	
06	Health Maintenance Organization (HMO)	70	Health Maintenance Org	
20	Other (e.g. TriCare, Champus)	90	Other	
11	Expected/Actual Primary Source of Payment	-	Not Collected	
98	Not Collected	98	98	

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	17	Current Employment Status-Not in Labor Force	
98	Not Collected	-	All Other Responses	
01	Homemaker	4	Homemaker	
02	Student	5	Student	
03	Retired	6	Retired	
98	Not Collected	7	Other	
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
98	Not Collected	98	98	
14	Marital Status	14	Marital Status	
97	Unknown	-	Blank	
01	Never Married	1	Never Married	
02	Now Married or Cohabiting	2	Married/Cohabiting	
05	Widowed	3	Widowed	
04	Divorced	4	Divorced	
03	Separated (legally or otherwise absent)	5	Separated	
15	Days Waiting to Enter Treatment	-	Not Collected	
998	Not Collected	998	998	

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Discharge

Michigan

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	~	Discharge Not Collected Yet	
105	Client Identifier - (At Discharge)	~	Discharge Not Collected Yet	
106	Co-Dependent/Collateral At Discharge	~	Discharge Not Collected Yet	
109	Service at Discharge	~	Discharge Not Collected Yet	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
146	Date of Last Contact	~	Discharge Not Collected Yet	
147	Date of Discharge	~	Discharge Not Collected Yet	

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Item

Discharge
Item

Michigan

No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Collected Yet
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report